

Case Number:	CM14-0098420		
Date Assigned:	08/11/2014	Date of Injury:	08/27/2011
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30-year-old male who reported an injury on 08/27/2011 due to an altercation with another employee; he was assaulted. He was placed in a headlock and brutally beaten up and sexually assaulted by several people. He was also hit on the head and sustained numerous bruises. Diagnoses were: neck pain, MRI of the cervical spine from 04/01/2014 revealed disc desiccations in multiple levels and bilateral foraminal stenosis was noted at C5-6 with a broad based disc/osteophyte complex, otherwise normal studies; low back pain, MRI of the lumbar spine from 04/03/2013 was normal; post-traumatic stress disorder; bilateral TMJ; and reflux problems due to NSAID use and chronic pain. Physical examination on 05/15/2014 revealed complaints of neck pain that radiated up to the head that caused headaches and low back pain with some tingling and numbness in the lower extremities. Medications were tramadol 50 mg, amitriptyline 10 mg, Imitrex 50 mg and Robaxin 750 mg. Objective findings revealed no significant change from last exam. Treatment plan was to continue medications as directed. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective; Amitriptyline 10mg 1 or 2 a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 16, 64, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 16,17.

Decision rationale: The decision for Retrospective; Amitriptyline 10mg 1 or 2 a day #120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend that antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The efficacy of this medication was not reported. There was no documentation of an objective decrease in pain and objective functional improvement. There was no physical examination reported. There is a lack of documentation of objective improvement. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.

Retrospective; Tramadol 50mg 1 a day PRN #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page 82,93,94,113, Ongoing Management, page 78 Page(s): 78, 82,93,94,113,.

Decision rationale: The decision for Retrospective; Tramadol 50mg 1 a day PRN #100 is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain, and it is not recommended as a first line oral analgesic. The medical guidelines recommend there should be documentation of the 4 A's for ongoing monitoring including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. The efficacy of this medication was not reported. There was no documentation of the 4 A's for ongoing monitoring for this medication. There is a lack of documentation for objective improvement. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.

Retrospective; Imitrex 50mg PRN #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans

Decision rationale: The decision for Retrospective; Imitrex 50mg PRN #18 is not medically necessary. The Official Disability Guidelines states that triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name: Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but

clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. The efficacy of this medication was not reported. There is a lack of documentation of objective improvement. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.

Retrospective; Robaxin 750mg one to two a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The decision for Retrospective; Robaxin 750mg one to two a day #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for ongoing management of an opioid medication there should be documentation of the 4 A's including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. The 4 A's for ongoing management were not reported. The efficacy of this medication was not reported. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.